san diego county office of EDUCATION
FUTURE WITHOUT BOUNDARIES™

HUMAN RESOURCE SERVICES

UNIVERSAL LEAVE REQUEST FORM

Employee Information

Name:	Employee ID:	Division and Department:	Title:	Hire Date:
Mailing Address:		Personal Email Address:	Personal Phone Number:	Work Phone Number:

Reason for Leave

Family and Medical Leave

- Employee's Own Serious Health Condition (Doctor's verification required)
- Serious Health Condition of Family Member (Doctor's verification required)
- Care of child after birth
- Adoption/Foster Care
- Care for Injured Cover Service Member

Additional Types of Leave

- Medical: Requires doctor's statement. Please attach documents.
- Maternity/Paternity: Must provide verification of pregnancy, child's birth date, custody or adoption requirements, or medical statement as appropriate.
- California Family Rights Act (CFRA) Bonding Leave
- Military Leave (Attach copy of orders)
- Bereavement
- Catastrophic Leave
- Jury Duty (Upon completion, attach hours slip)

Unpaid Personal | Explanation for unpaid leave:

Period of Absence

Full	Last day physically worked:	Leave start date:	Return to work date:
Intermittent	Intermittent start date:	Intermittent end date:	Anticipated schedule: (list estimated frequency/duration)
Partial Leave/ Reduced Schedule	Leave/reduction start date:	Leave/reduction end date:	Anticipated schedule: (if known, determined by physician)
Leave Without Pay (LWOP)	Last day physically worked:	Leave start date:	Return to work date:

Time Usage (paid and/or unpaid) CHECK ALL THE APPLY

Full-pay Sick	Half-pay Sick	Personal Necessity	Personal Business	Vacation
Bereavement	Catastrophic Leave	Workers' Comp	Jury Duty	Comp Time
Leave Without Pay				

Required Employee Signature

My signature below certifies that information relevant to this application for leave is accurate and truthful. I understand any misrepresentation on my part may be cause for denial or rescission of the leave. I understand I will be required to submit a medical certification for a medical leave request.
(ONCE SIGNED, ROUTE TO SUPERVISOR FOR APPROVAL SIGNATURE)

Employee Signature:	Date:

Required Signatures for Leave

Supervisor:	Signature:	Date:	
ROUTE TO BENEFITS@SDCOE.NET OR HUMAN RESOURCES, ROOM 404 ATTN: BENEFITS TEAM	Signature:	Date:	☐ Approved ☐ Not Approved

Required Signatures for Leave Without Pay

Supervisor:		Signature:	Date:	☐ Recommended ☐ Not Recommended
Asst. Superintendent:		Signature:	Date:	☐ Recommended ☐ Not Recommended
HR Asst. Superintendent:	Dr. Yolanda Rogers	Signature:	Date:	☐ Recommended ☐ Not Recommended
County Superintendent:	Dr. Gloria Ciriza	Signature:	Date:	☐ Recommended ☐ Not Recommended

Notes: